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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										cation or Docket Number			
		CLAIMS AS	FILED			SMALL E	ENTITY	OTHER THAN OR SMALL ENTITY					
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA							RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))				1		s	OR	10.7.2	s				
	AL CLAIMS CFR 1.16(c))		minus 20 = *			1	x s=		OR	x s=			
	PENDENT CLAIN FR 1.16(b))	AS	minus 3	inus 3 = •			x s=		OR	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				1	+ \$=		OR	+ \$=					
• If ti	ne difference in c	olumn 1 is less tha	ın zero, er	nter "0" in column :	4	TOTAL		OR	TOTAL				
CLAIMS AS AMENDED – PART II													
4	17/05	(Column 1)		(Column 2)	_	SMALL E	NTITY	OR		R THAN ENTITY			
AMENDMENT A	Н	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DMI	Total (37 CFR 1.16(c))	58	Minus	" <i>59</i>	=		x \$=		OR	x s=			
NEN	Independent (37 CFR 1.16(b))	. 6	Minus	··· 6	=		x s=		OR	x \$=			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+ \$=			
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)		·						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	x s=			
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=			
A	FIRST PRESENT	ATION OF MULTIPLE	ENT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ s =				
					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
		(Column 1)		(Column 2)	•				.				
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total (37 CFR 1.16(c))	*	Minus	**	=		x s=		OR	x \$=			
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x s=		OR	x \$=			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ s =			
				-		-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PAT	es it displays a valid OMB control number Application or Doctor Humber 10015780									
		CLAIMS AS	FILED -	- PART I (Cot	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
FOR MAGER FT. ED MAGER EXTRA					REXTRA	RATE	FEE		RATE	FF.E	
	C FEE FR 1.16(a))						:	OR		3	
TOTA	L CLANUS FR 1.16(c])		ectrus 20			x s=		OR ·	x s		
NOE	PENDENT CLAIL FR 1,18(b))	AS .	eninus 3			x s•		OR	x s		
MATTIPLE DEPENDENT CLAIM PRESENT (3" CFR 1.16(0))						+1		OR	+3		
* 0	e difference in c	olumn 1 is less tha	en zem, en	ter "0" in column 2		TOTAL		OR	TOTAL		
		LAIMS AS AMI									
			CHOCO					OR	OTHER		
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	1	SMALL ENTITY		
∜ Ż	·D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR.	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total CF CFR 1.86(d)	. 59	Minus	-54	. 2	x s•		OR	× 18 -	90	
	Independent (SF CFR L MG/L)	. 6	Minus	- 6	10	x \$=		OR .	X \$ ¤		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 -		OR .	+5=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	90	
						ADDCTEL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(Column 1)		(Column 2)	(Cotumn 3)		ì	Ī			
A L	E	RELIANING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOH TIONAL FEE		.RATE	ADUT. FEE	
AMENDMENT	Total (27 OFR 1.16(ct)	59	Minus	- 59	0	x s=		OR	x s		
EN	Independent OF CFR LNOP	. 6	Minus	- 6	.0	x s=		OR	x s	. •	
A	FIRST PRESENT	+1 -		OR	hs	·					
						TOTAL ADD'L FEE		OR	ADO'L FEE		
	••	(Cotumn 1)		(Column 2)	(Cotumn 3)						
NTW	F	CLAIMS REMAINING . AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total promission	58	Minus	- 59	:0	X.4		OR	xs		
	Independent OF OFR 1,16(bit	6	Minus	- 6	·67	x 4		OR	x s		
	FIRST PRESENT	TATION OF MULTIPL	+5		OR	1.					
-		TOTAL ADD'L FEE	·	OR	TOTAL ADD'L FEE						
	" If the "Highest" If the "Highest N The "Highest N	column 1 is less that Number Previously Number Previously Immber Previously Instation is required	y Paid For y Paid For Paid For	IN THIS SPACE IN THIS SPACE (Total or Independ	is less than 20, is less than 3, 4 lend) is the high	, enter "20". Inter "3". Iest number found i	n the appropri	ate box in	column 1.		

This conscion of imomission is requised by 37 CFR 1.10. the minimizer is required to could or retain a cerean by the public which is a lart by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes be complete, including gathering, preparing, and submitting the completed application from to the USPTO. These will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palenti and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ES OR CORRETE TELL PORCES TO THIS

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10015780

		CLAIMS AS	(Column		(Column 2)		-	SMALL ENTITY TYPE		-		R THAN ENTITY	
TO	TAL CLAIMS		35				1	RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TO	TAL CHARGEA	BLE CLAIMS	35 min	us 20=	. 15			X\$ 9=		OR	X\$18=	270	
	EPENDENT CL			nus 3 =	2			X42=		OR	X84=	168	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter						olumn 2	1	TOTAL		OR	TOTAL	1178	
	C	LAIMS AS A	MENDED		66			SMALL ENTITY			OTHER THAN		
		(Column 1)		(Colu	mn 2)	(Column 3)		SIMPLE		OR I	OUINEE		
NTA		REMAINING AFTER AMENDMENT		NUM	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 51	Minus	-3	5	- 16		X\$ 9=		OR	X\$18=	288	
AME	Independent	• 6	Minus	444	5	= /		X42=		OR	X84=	84	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
				TOTAL		OR	TOTAL	372					
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE		
Г		CLAMS		HiG	HEST		7		ADDI-	1		ADDI-	
토		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY DFOR	PRESENT		RATE	TIONAL FEE	-	RATE	TIONAL	
AMENDMENT B	Total	. 54	Minus	** <	5]	- 3	1	X\$ 9=		OR	X\$18=	54	
WE S	Independent	۰ (و	Minus	224	(p	<u>- ()</u>		X42=		OR	X84=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	ENUEN	CLAIM		J	+140=		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	54	
		(Column 1)		(Coh	ımn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDY- TIONAL FEE	
	Total	. 54	Minus	20	54	•-0		X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus	###	<u>(</u>	-0		X42=		OR	X84		
L	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDER	II COMM		J	+140=			1280=		
* If the entry is column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL		
**	If the "Winhest No	mher Previously P	aid For IN TH	IS SPACE	is less the	un 20. enter 720). "	ADDIT. FEE	L	OR	ADDIT. FEE		
""If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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